

Kentucky Public Health Laboratory
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7019

Prenatal Profile

Use this form for complete profile only,
see Lab Form 213 for individual tests.

(Please submit a completed Prenatal Profile Form
and two full 7 mL red stoppered tubes per patient.)

Patient Information (Please use L label or fill in completely):

Patient Name (Last, First, MI)

Patient I.D. # Sex Race Age DOB

Home Address

City State Zip County

Submitter Name Submitter Site Code

Weeks Pregnant Antepartum RhoGAM Date Date Collected

Prenatal Profile (ABO, Rh, and Antibodies, VDRL, HBsAg, Rubella) requires
two full 7 mL red-stoppered tubes.

Comments:

For Laboratory Use Only